

Signature of Treasurer

Signature on Candidate (if applicable)

SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R4/11-05) Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-11)

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11 REPORT

1. Full Name of Candidate (include any nickname)				
K.p Ten to City lovely Cancil	(317) 62	7 8443	
3. Mailing Address (address where all campaign finance correspondence is re	celved)	this is a new addr	ess	
6151 Hulton Place				
City State ZIP Code		5. Party Affiliation or If Independent Candidate		
Znd-mapolis Zn 6/1220		Democratic		
6. Office Sought (include district number, if any. Not required for exploratory committee.)		7. County of Residence		
City County Council District Z		Marion		
8. Reporting Period:	/	• • • • • • • • • • • • • • • • • • • •		
From: (6 10 (5 Through: 12)	/ } //j	· · · · ·		
For classification, enter INDV for individual; PAC for political action committee: CORP for corporation, LAB for labor organization; NONE for all entries which are not one of the above categories.				
CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTR	BUTION	COLUMN A	
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RE	CEIPT	AMOUNT OF CONTRIBUTE	
Classification 1.	Contributions:		<i>(</i>)	1.10-1.5
1652 Northman Dr.	D-Birect		B/1	[6/22 15]
1852 Nouthman De.	☐ In-Kind (describe)		000	
Endimpolis 27 46,740	-			K-9
46240	Other Receipts:	l		Tew
	☐ Misc (specify)			
Contributor's Occupation (if applicable)				
Classification 2.	Contributions:			
Brian Ploss	13 Direct		41	19/52/12
8900 Keystine Crossing	☐ In-Kind (describe)	19	11/2	
Of Regional	<u></u>	—	1200	K.'b
Znompdis Zn 46240	Other Receipts:			
4240	Interest Loan	1		Tew
	☐ Misc (specity)			
Contributor's Occupation (if applicable)	-			
Ctassification 3.	Contributions:			
	☐ In-Kind (describe)			
				[
	Other Receipts:	-		1
	☐ Interest ☐ Loan			
	☐ Misc (specify)	j		
Contributor's Occupation (if applicable)				
CERTIFICATION				OR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES	ST OF MY KNOWLE	DGE AND BELI	IEF IT IS	

Title

Warning: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)

Ireasurer

Date (MM-DD-YY)

Date (MM-DD-YY)

0/23

FILED OCT 23 2015 Myla a Eldudge